

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 856579	RECEIPT DATE:	05 / 23 / 01
IA NUMBER: PCT/	JP00 / 06241	IA FILING DATE:	09 / 13 / 00
FAMILY NAME:	KITAGAWA	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	KEIICHI	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 29 / 00
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	L9289.01139	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER: 000000	TELEPHONE	2027850100
		FAX	

NAME: JAMES E LEDBETTER  
STEVEN DAVIS MILLER & MOSHER  
STREET: 1615 L STREET N W SUITE 850

CITY: WASHINGTON  
STATE/COUNTRY: DC ZIP: 20036  
EMAIL:  
APPLICATION TITLES:  
TRANSMIT RECEIVE APPARATUS

TAB TO LAST POSITION,PUSH SEND



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9830

<b>SERIAL NUMBER</b> 09/856,579	<b>FILING DATE</b> 05/23/2001 <b>RULE</b>	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2631	<b>ATTORNEY DOCKET NO.</b> L9289.01139
<b>APPLICANTS</b> Keiichi Kitagawa, Yokosuka-shi, JAPAN; Yoshiko Saito, Yokosuka-shi, JAPAN; Mitsuru Uesugi, Yokosuka-shi, JAPAN;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/JP00/06241 09/13/2000				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 11-277386 09/29/1999 JAPAN 2000-009267 01/18/2000				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 12
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials:		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> Steven Davis Miller & Mosher Suite 850 1615 L Street NW Washington, DC 20036				
<b>TITLE</b> Transmitter/receiver				
<b>FILING FEE RECEIVED</b> 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	